



Healthy Child Care Newsletter



Fall ★ Missouri Dept. of Health and Senior Services ★ www.health.mo.gov ★ Volume 14 Number 3

New Rules about TB and Disaster and Emergency Preparedness for Child Care Facilities

On October 30, 2011, the Missouri Department of Health and Senior Services will enforce changes to the tuberculosis (TB) testing requirements, and new rules outlining the requirements for disaster and emergency preparedness for family child care homes and group homes and child care centers.

Order of Rulemaking – TB testing for Child Care Providers

The current rule has been in effect since 1991. At that time annual TB testing was recommended by state and national communicable disease experts. This is no longer the case.

This amendment will drop the requirement of an annual TB test for child care providers. The requirement will now apply to initial employment in child care. The new rule requirement applies to child care personnel at the time of their initial employment at a child care facility. A Risk Assessment for Tuberculosis will be added to the medical form. The provider will give this to their physician to review when they receive their required medical examination. After this evaluation, they will not be required to have any further TB testing, unless they have had contact with someone who has an active case of TB.

Beginning October 30, 2011, the following rule amendments will be effective:

Family Child Care Homes: 19 CSR 30-61.125 Medical Examination Reports. The department is amending subsection (1)(E) and (H) and removing the forms that currently appear with the rule in the Code of State Regulations.

PURPOSE: This amendment clarifies the testing for tuberculosis and eliminates the requirement of yearly tuberculin skin tests.

- (1) Day Care Provider and Assistants.
 - (E) Medical examination reports shall include a “Risk Assessment for Tuberculosis” form, included herein, completed and signed by a health care professional, as provided by the Missouri Department of Health and Senior Services (MDHSS).

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If the person has signs or symptoms of tuberculosis, or risk factors for tuberculosis, then testing for tuberculosis shall occur.

1. If the person has no documented history of ever receiving a tuberculin skin test (TST), and elects to receive a TST, then a two (2)-step TST is required. A history of bacilli Calmette-Guerin vaccination (BCG) shall not exempt a person from receiving a tuberculin test.
 2. Persons that have a newly positive tuberculin test(s) shall not be allowed to work until a medical evaluation is performed to determine if the person has active contagious tuberculosis.
 3. Persons with active contagious tuberculosis shall be excluded from employment until deemed non-infectious by MDHSS or the local public health agency. The person may return to work once the above criteria have been met, as long as the person adheres to his/her prescribed treatment regimen.
 4. All positive tuberculin tests shall be reported to the MDHSS or local public health agency as required by 19 CSR 20-20.020.
- (H) A child care employee, who is identified as a contact to an active tuberculosis case, shall be evaluated for tuberculosis to determine if the person has active contagious tuberculosis, or be excluded from work.

Group Home and Child Care Centers: 19 CSR 30-62.122 Medical Examination Reports. The department is amending section (1) and subsection (2)(E).

PURPOSE: This amendment clarifies the testing methods for tuberculosis and eliminates the requirement of yearly tuberculin skin tests to reflect MDHSS policy.

(1) Staff and Volunteers.

- (A) All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities. These persons shall have a medical examination report, signed by a licensed physician or registered nurse who is under the supervision of a licensed physician, on file at the facility at the time of initial licensure or within thirty (30) days following employment.
- (B) Medical examination reports shall include a "Risk Assessment for Tuberculosis" form, included herein, completed and signed by a health care professional, as provided by the Missouri department of Health and Senior Services (MDHSS). If the person has signs or symptoms of tuberculosis, or risk factors for tuberculosis, then testing for tuberculosis shall occur.
1. If the person has no documented history of ever receiving a tuberculin skin test (TST), and elects to receive a TST, then a two (2)-step TST is required. A history of bacilli Calmette-Guerin vaccination (BCG) shall not exempt a person from receiving a tuberculin test.
 2. Persons that have a newly positive tuberculin test(s) shall not be allowed to work until a medical evaluation is performed to determine if the person has active contagious tuberculosis.
 3. Persons with active contagious tuberculosis shall be excluded from employment until deemed non-infectious by MDHSS or the local public health agency. The person may return to work once the above criteria have been met, as long as the person adheres to his/her prescribed treatment regimen.

4. All positive tuberculin tests shall be reported to the MDHSS or local public health agency as required by 19 CSR 20-20.020.
- (D) The medical examination report form shall be supplied by the department or the facility may use its own form if it contains all the information on the department's form.
- (E) A child care employee, who is identified as a contact to an active tuberculosis case, shall be evaluated for tuberculosis to determine if the person has active contagious tuberculosis, or be excluded from work.
- (F) If at any time the department has reason to question the physical or emotional health of any person working or volunteering in the facility, the department shall require a physical or mental examination of these persons.

Order of Rulemaking – Disaster and Emergency Preparedness

This year has certainly highlighted the importance of emergency planning. Currently DHSS rules require drills for emergency and fire which is not considered adequate planning in the event of a major calamity, such as the tornadoes that tore through Joplin and Sedalia this spring. In order to further protect the safety of children and staff in Missouri child care, rules have been amended to require that child care facilities have a multi hazard written evacuation and relocation plan.

Family Child Care Homes: 19 CSR 61.090 Disaster and Emergency Preparedness

Group Child Care Homes and Child Care Centers: 19 CSR 62.090 Disaster and Emergency Preparedness

(1) Disaster Emergency Plan.

- (A) The facility shall develop, implement, and maintain policies and procedures for responding to a disaster emergency, including a written plan for:
 1. Medical and non-medical emergencies and disaster situations that could pose a hazard to staff and children, such as a fire, tornado, flood, chemical spill, exposure to carbon monoxide, power failure, bomb threat, person coming to the facility whose health or behavior may be harmful to a child or staff member, or kidnapping;
 2. Evacuation from the facility in the event of a disaster emergency that could cause damage to the facility or pose a hazard to the staff and children;
 3. Lock-down procedures in a situation that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and
 4. Evacuation from a vehicle used to transport children.
- (B)²When developing disaster emergency plans, the facility shall consider –
 1. The age and physical and mental abilities of the children;
 2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care;
 3. The types of disasters likely to affect the area;
 4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' The ABC's of Emergency Preparedness Ready in 3 Program (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City,

- MO 65102-0570, telephone number 573-526-4768, and is available at www.health.mo.gov, and advice from the Red Cross or other health and emergency professionals; and
5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local emergency management agencies.
- (C) At a minimum, a disaster emergency plan shall identify the staff members responsible for implementing the plan and ensuring the safety of the children and shall include:
1. The location of the child's attendance record and emergency information and emergency supplies;
 2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes;
 3. A list of emergency contacts as set out in subsection (2)(B) below;
 4. The disaster and emergency procedures to be followed, which include but are not limited to the following:
 - A. Use of alarms to warn other building occupants and summon staff;
 - B. Emergency telephone call to the fire department
 - C. Response to alarms
 - D. Isolation of a fire, including confinement by closing doors to the fire area
 - E. Evacuation of the immediate area
 - F. Two (2) off-site locations identified as meeting places in case of evacuation
 - G. Relocation as detailed in the disaster and emergency plan, including individuals with special needs, such as non-ambulatory children and children who sleep overnight, if applicable; and
 - H. System of contact for parents of children and notification of parents of the plan to assist in re-unification; and
 5. Lock down procedure shall include:
 - A. An announcement of the lock-down by the director or designee. The alert may be made using a pre-selected code word;
 - B. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger; and
 - C. Staff is responsible for accounting for children and ensuring that no one leaves the room or safe area until "all clear" is announced.
- (2) Access to Disaster Emergency Information. The licensee shall ensure that –
- (A) At all times, a copy of the facility's disaster emergency plan is readily available in the office area and in each room used for care of children; and
 - (B) The following information is posted in each room used for child care and beside each telephone in the facility:
 1. Contact information, including the following:
 - A. The name, address, and telephone number of the facility;
 - B. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station;
 - C. When a facility operates at more than one (1) site, the name and telephone number of the facility's principal place of business; and
 - D. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager;
 2. A diagram of evacuation routes from the room; and
 3. Any special instructions for infants and non-ambulatory children.

- (3) Disaster Emergency Response Drills for Staff and Children.
- (A) The licensee shall ensure that the facility has on file documentation that, at least every three (3) months, all staff and children at the facility have participated in a disaster or emergency drill based on the facility's disaster and emergency plan.
 - (B) In addition to fire safety requirements found in 19 CSR 30-61.086, a review of the following disaster drill procedures with the staff and children shall be conducted:
 - 1 Staff duties and responsibilities in the event of an emergency;
 - 2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;
 - 3. The use of and response to fire alarms; and
 - 4. The use of fire extinguishers.

Recently, many child care providers across the state have participated in Emergency Preparedness Training, which was highlighted in the June edition of the *Healthy Child Care* newsletter located at health.mo.gov/safety/childcare/pdf/summer2011.pdf. This is a helpful, resource-filled training which includes step-by step instructions to create an Emergency Preparedness Plan designed specifically for your facility. There are still opportunities to enroll in this training. To see when training is being offered, please check the Missouri Workshop Calendar at: www.mocrrntrainingcalendar.org/index.cfm?go=interface:calendar.month.

First Aid and CPR Training

The rule amendments to, 19 CSR 30.61.105(1)(N) and 19 CSR 30.62.102(1)(O), which became effective on July 30, 2011, require that child care providers in family child care homes have current first aid and CPR training. Group homes and child care centers shall have documentation on file at the facility of current certification in age appropriate CPR and first aid training for a sufficient number of child care staff to ensure that there is one caregiver at the facility for every 20 children in the licensed capacity. It further requires that at least one caregiver with current certification in age appropriate first aid and CPR be on site at all times when children are present. To see the specific text of these rules, go to health.mo.gov/safety/childcare/pdf/summer2011.pdf.

CPR training may be obtained from the American Red Cross, the American Heart Association, or any other entity approved by the department. Clock hours will be given for these trainings. Beginning January 1, 2012, child care facility specialists will review staff records to determine compliance with this new requirement.

Some helpful websites for available trainings for age appropriate CPR and First Aid include:

American Red Cross: www.redcross.org/en/takeaclass

American Heart Association: www.americanheart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp

Missouri Workshop Calendar, Child Care Aware: www.mocrrntrainingcalendar.org/index.cfm?go=interface:calendar.month

Child Daycare Association's Event Calendar: events.r20.constantcontact.com/calendar/monthview?eso=0010YJDgdc08jA7LEHyHLMPEQ

DHSS Improves Transparency in Child Care Regulation

Child care inspections are going online

In an effort to improve access of information for parents when choosing appropriate care for their children, the Department of Health and Senior Services (DHSS) will implement a new software program called Mobile Frame. The Section for Child Care Regulation (SCCR) began using this software in August to conduct child care inspections.

In 2007, the DHSS was one of the first state agencies to use electronically formatted inspections with a proprietary software program. Any updates or changes had to be made through the company's information technology (IT) staff, which was costly and not always time sensitive. As the Mobile Frame inspection application was developed, deployed and maintained by the state's IT staff, the product will be more responsive to our needs and will be less expensive.



Using this software, the department's IT staff developed a web portal which will allow parents to review inspections for child care facilities in Missouri. Along with the public portal, a provider portal was also created to allow child care providers access to enter correction plan comments relating to cited rule violations. In order to allow comments on the provider portal, each child care owner will

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Key Features of the New Show Me Child Care

- Access to unpublished inspections is limited to SCCR staff and the facility owner or director. Access is obtained by the unique identifier assigned to the owner or director. This identifier is the only access to an inspection prior to publishing. It is recommended that no one on staff have access to this number unless authorized by the owner/director.
- No inspection can be published prior to the 10 day comment period. Comments will be published onto the web page as written.
- DHSS will review the comments to ensure children's privacy is protected. DHSS also retains the right to refuse to publish comments with inappropriate language or libelous statements.
- Published inspections are not retroactive. Only those inspections conducted from September 26, 2011 forward will be published.
- Types of inspections posted will be compliance monitoring, license revision, post licensing, re-inspections and renewal inspections. Initial inspections will not be posted as these inspections occur prior to licensure.
- The provider/owner may comment on each rule violation that was cited. The comments will be made in a text box and the comments should relate to corrective measures taken. Text box space has been limited to 500 characters. If a provider/owner wishes to provide a written statement to be filed in the facility's public licensing record that is maintained in the office, they may do so; however, the provider/owner should be aware that this information will not appear on the public portal for public viewing.

be assigned his/her own unique ID number, similar to a DVN. This will allow each provider access to the child care provider portal and his/her child care inspections in order to enter corrective plan comments.

Once an inspection has been conducted and placed on the web portal, child care providers will be able to access the inspection and provide information about how the rule violation was corrected or will be corrected. A facility's inspection will be posted on the provider portal within 24 hours of an inspection. Once the inspection is posted, the child care provider will have 10 days to comment. After the 10 day period, the inspection will be posted on the public portal for public viewing.

Beginning in October, parents will be able to view child care facilities' inspections through the online

public portal. Inspections will be posted online after the 10 day comment period described above. The department has developed a training module to assist child care providers with this new process. The training module may be found at health.mo.gov/safety/childcare/index.php. This training will explain how to obtain an identification code; it will also walk child care providers through the process of commenting on the provider portal. The training module will also review new child care rules that have recently been promulgated. Upon completion of this training module, child care providers will be given an opportunity to print a certificate for one clock hour of approved training.

Please contact the Section for Child Care Regulation Central Office at 573.751.2450 or your local licensing office if you have further questions.

Preventing Sick Days



Taking three easy steps to stop the spread of germs will prevent illnesses that can be harmful like the flu. The best protection against the flu is the flu vaccine. The 2011-2012 vaccine will protect against the influenza A H3N2 virus, influenza B virus and the H1N1 virus.

“Getting a flu shot every year not only protects you, but it protects those around you, especially young children and the elderly who have an increased risk for serious flu complications,” said Margaret Donnelly, director of the Missouri Department of Health and Senior Services (DHSS). “Everyone 6 months of age and older should get a flu vaccine.”

Frequent hand washing also prevents the spread of the flu and other illnesses at home, school and work. When washing hands, use warm, soapy water and rub vigorously for at least 20 seconds -- about the amount of time it takes to sing “Happy Birthday.” Get soap in between your fingers, cover the entire palm and wash all the way down to the wrist on both sides. Try to avoid using your clean hands to touch the faucet or doorknob. Use a paper towel if available.

Staying home or keeping your children home and taking antiviral medications, if prescribed by your healthcare provider, is one more important step in preventing the spread of the flu.

Educating our children and others about the steps they can take to stay healthy this flu season is the key to preventing sick days. DHSS has “Whack” the flu educational materials available which are fun, and free to all schools and childcare centers. To learn more about the flu and “Whack” educational tools visit health.mo.gov.



Current Immunizations Required for Child Care Enrollment

Immunizations are an important part of a child's health, and Missouri law requires children enrolled in public, private or parochial child care operations, preschools and nursery schools to be immunized against certain vaccine-preventable diseases.

Children enrolled in child care must be immunized against diphtheria, tetanus, pertussis, pneumococcal, polio, hepatitis B, Haemophilus influenzae type b, measles, mumps and rubella and varicella at intervals noted on the chart on page 9.

A current immunization record is required on the child's first day. State regulation specifies that if the immunization history is not provided on the first day, or the child's immunizations are not up-to-date, or in progress the child will not be permitted to attend.

Licensing rules require child care facilities, caring for 10 or more children, to review the immunization status of children enrolled in the facility. This information not only protects children but also

staff from harmful and potentially deadly vaccine-preventable diseases.

It is the responsibility of the child care facility to maintain the immunization histories of all the children enrolled and to report that information to the Missouri Department of Health and Senior Services (DHSS) by January 15th of each year. State licensed child care operations not complying with the annual reporting requirement are cited for non-compliance.

For additional information regarding immunization requirements for children enrolled in child care, mandatory reporting or to obtain an immunization schedule that includes what age children should be immunized against particular diseases, please visit the website at www.health.mo.gov/living/wellness/immunizations or call 573.751.6124.

Vaccine	3 Months	5 Months	7 Months	19 Months & Older
DTaP/DT	1	2	3	4+
PCV (Pneumococcal)	1	2	3	4
Number of doeses is based on the age at which the child beings the series.				
IPV (Polio)	1	2	2	3+
Hepatitis B	1+	2	2+	3+
Hib	1	2	3	4
Number of doeses is based on the age at which the child beings the series.				
MMR				1
Varicella				1

Vaccine/Disease	Spread	Signs & Symptoms	Disease Complications
DTap* vaccine protects against diptheria, pertussis (whooping cough), tetanus.	Air, direct contact exposure through cuts in skin	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
PCV vaccine protects against pneumococcal disease.	Air, direct contact	Pneumonia	Bactermia (blood infection), meningitis, death
IPV vaccine protects against polio	Through the mounth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Hep B vaccine protects against Hepatitis B	Contact with blood or body fluids	Fever, headache, weakness, vomiting, juaundice (yellowing of skin and eys) joint pain	Chronic liver infection, liver failure, liver cancer
Hib vaccine protects against Haemophilus Influenza type b	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the breain and spinal cord), mental retardation, epiglottis (life-threatening infection that can block the windpipe and lead to serious breathing problems) and pneumonia, death
MMR** vaccine protect	air, direct contact	Rash, fever, cough, runny nose, pinkeye, swollen salivary glands (under the jaw), headache, tiredness, muscle pain, swollen lymph nodes	Encephalitis, pneumonia, death, meningitis, inflammation of the testicles or ovaries, deafness
Varicella vaccine protects against chickenpox	Air, direct contact	Rash, tiredness, headache fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)

Making the Switch to Lower Fat Milk

Have you heard about the new milk requirements in the Child and Adult Care Food Program (CACFP)? This article should answer some of your questions about the changes for your facilities.

What are the new requirements?

Beginning October 1, 2011, all child care centers, family child care homes, emergency shelters and after school programs participating in the CACFP must begin serving 1% or skim milk to children when they turn 2 years old. Whole milk should still be served to children 12 months through 23 months.

Why the change?

The United States Department of Agriculture, the federal agency that administers the CACFP, realizes that obesity problems have become widespread and are occurring at earlier ages. Obesity in children is a challenge that most healthcare providers and policy makers are trying to address. The 2010 Dietary Guidelines recommend that Americans over 2 years of age drink fat free or low-fat milk and milk products.

What are the benefits?

Low-fat and fat-free milk are the healthiest choices for everyone over the age of 2 years. Low-fat and fat-free milk provide all of the same nutrients as higher fat milk, but offer the advantage of having little or no fat or saturated fat, and often cost less than whole or 2% milk. In taste tests, most people cannot taste the difference between 2% milk, 1% milk and skim milk... so why not switch to a lower-fat version?

How do I make a smooth transition?

Whole milk or 2% milk can be used while you are



transitioning to the lowfat/skim milk. Some providers have tried using half 2% and the other half skim or 1% while the child is getting accustomed to the taste.

Remember, teachers and staff should present the change to low-fat or fat-free milk as a positive experience. The eating habits children are forming now will stay with them for their lifetime.

The Midwest Dairy Council offers fact sheets and information on the benefits of low-fat and skim milk. To find resources to help explain the changes to your staff or to parents visit www.midwestdairy.com. Click on "Nutrition and Health" in the header, then click on Women, Infants and Children.

Milk Comparison (1 cup serving)	Whole Milk	Reduced Fat Milk (2% Milk)	Low-fat Milk (1% Milk)	Fat-free Milk (Skim Milk)
Calories	150	120	100	85
Total Fat (gm.)	8	5	2.5	0
Saturated Fat (gm.)	4.5	3	1.5	0
Protein (gm.)	8	8	8	8
Calcium (mg.)	276	285	290	306
Vitamin D (1.U.)	100	100	100	100

New Guidelines for Communicable Diseases in Child Care

The revised “Guide for School Administrators, Nurses, Teachers, Child Care Providers, and Parents or Guardians” is now available on the DHSS website located at health.mo.gov/living/families/schoolhealth/pdf/Communicable_Disease.pdf. This document provides information on prevention and control strategies for common diseases observed in child care and school settings.

On July 27, 2011, the Bureau of Communicable Disease Control and Prevention mailed a printed copy and a CD of this document to each Local Public Health Administrator. In addition, approximately 7,100 copies of the CD has been mailed to each public school and licensed day care in the state.



Guidelines

The “Guide for School Administrators, Nurses, Teachers, Child Care Providers, and Parents or Guardians” provides guidance on the following topics:

- Cleaning, Sanitizing, and Disinfection
- How to Mix Bleach Solutions
- Recommended Cleaning Schedule
- Diapering
- Food Safety in Child Care Settings and Schools
- Pets in Child Care Settings and Schools
- Swimming and Wading Pools
- Handwashing
- Infection Control Recommendations for School Athletic Program
- Safe Handling of Breast Milk

Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to assure that recalled products are not in use at their homes or centers.

The CPSC’s toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at www.cpsc.gov.

This quarter we are highlighting two products which are commonly found in child care that have recently been recalled.

News Release

FOR IMMEDIATE RELEASE
July 27, 2011
Release #11-284

Firm's Recall Hotline: (855) 839-9555
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Child Safety Latches and Outlet Covers Recalled by Prime-Line; Screw Breaks Can Allow Unintended Access

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Safety Latches and Outlet Covers

Units: About 37,000

Importer: Prime-Line, of Redlands, Calif.

Hazard: The screws on the safety latches and outlet covers can loosen and/or break. When this happens, young children can gain access to electrical outlets and other potentially hazardous items.

Incidents/Injuries: Prime-Line has received four reports of screws breaking. No injuries have been reported.

Description: This recall involves Prime-Line child safety drawer and cabinet latches and outlet covers with rotating receptacle covers. These products were sold under the brand name Child Safe.

The drawer and cabinet latches were sold three per package, in model number S 4439 with SKU 049793044396, and model number S 4444 with SKU 049793044440.

The outlet covers were sold one per package, in ivory, model number S 4447 with SKU 049793044471, and white, model number S 4461 with SKU 049793044617.

The model number and SKU are printed on the back of the package.

Sold at: Drawer and cabinet latches were sold at Ace Hardware, Bostwic-Braun, Cal-Do-It Centers, Do-It-Best, Friedman Brothers, Menards, Orgill, The Andersons Inc. and True Value stores nationwide between October 2010 and June 2011 for between \$2.50 and \$2.70. Outlet covers were sold at Ace Hardware, Cimarron Lumber & Supply, Do-It-Best, Friedman Brothers, Handy Hardware, Menards and W.E. Aubuchon stores nationwide between October 2009 and June 2011 for about \$3.50.

Manufactured in: China

Remedy: Consumers should immediately contact Prime-Line to receive a free replacement kit.

Consumer Contact: For additional information, contact Prime-Line toll-free at (855) 839-9555 anytime, or visit the firm's website at www.prime-line-products.com



Cabinet and Drawer Latches and Outlet Covers in packaging



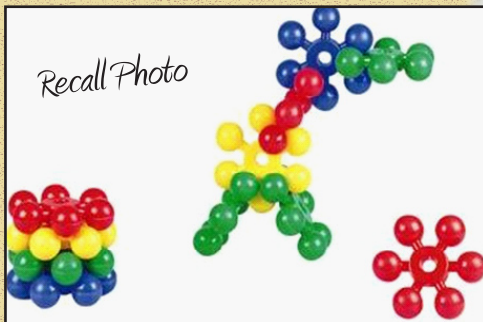
Outlet Covers

News Release

Mini Stars Building Sets Recalled by Edushape Due to Choking Hazard

FOR IMMEDIATE RELEASE
July 7, 2011
Release #11-272

Firm's Recall Hotline: (800) 404-4744
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908



WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Mini Stars building sets

Units: About 18,000 (additional star building sets were recalled in September 2010)

Distributor: Edushape Ltd., of Deer Park, N.Y.

Hazard: Plastic knobs can break from the center of the stars, posing a choking hazard to young children.

Incidents/Injuries: CPSC and Edushape have received two reports of the knobs breaking off from the center of the stars. No injuries have been reported.

Description: This recall involves Mini Stars building sets. The Mini Stars measure three inches in diameter and are made of opaque plastic. Each star has six circular knobs protruding from a ring-shaped center. Edushape only makes Mini Stars in red, green, yellow or blue colors which are included in this recall. The Mini Stars do not have any markings, codes or logos stamped into the plastic. They were sold in sets of 12, 24, 36, 48 and 72 pieces.

Sold at: Small retail stores nationwide, online at Toys R Us.com, Amazon.com and CSN on walmart.com from January 2007 through December 2009 for between \$10 and \$50.

Manufactured in: China

Remedy: Consumers should immediately take the recalled Mini Star building sets away from children and contact Edushape for a free replacement set or credit towards another Edushape product of equal or lesser value.

Consumer Contact: For additional information, contact Edushape at (800) 404-4744 between 9 a.m. and 4 p.m. ET Monday through Friday, or visit the firm's website at www.edushape.com.

The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on www.saferproducts.gov.

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Under federal law, it is illegal to attempt to sell or resell this or any other recalled product.

To report a dangerous product or a product-related injury, go online to: www.saferproducts.gov, call CPSC's Hotline at (800) 638-2772 or teletypewriter at (800) 638-8270 for the hearing impaired. Consumers can obtain this news release and product safety information at www.cpsc.gov. To join a free e-mail subscription list, please go to www.cpsc.gov/cpsclist.aspx.

It Takes a Village...

In her presentation at the 2011 World Forum on Early Care and Education (which can be viewed on the World Forum website), Lilian Katz shared a concern from her book *Intellectual Emergencies: Some Reflections on Mothering and Teaching...*

“I believe that each of us must come to care about everyone else’s children. We must come to see that the well-being of our own individual children is intimately linked to the well-being of all other people’s children. After all when one of our children needs life saving surgery, someone else’s child will perform it; when one of our children is threatened or harmed by violence in the streets, someone else’s child will inflict it. The good life for our own children can only be secured if it is also secured for all other people’s children. But to worry about all other people’s children is not just a practical or strategic matter; it is a moral and ethical one; to strive for the well-being of all other people’s children is also right.”

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This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the Web address: health.mo.gov/safety/childcare/newsletters.php so they can print their own copy.

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO, 65102, 573.751.2450. Hearing- and speech-impaired citizens can dial 711. EEO/AAP services provided on a nondiscriminatory basis.

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